



Clark County Regional Support Network Policy Statement

Policy No.	18
Policy Title:	Authorization Data Requirements
Effective Date:	09/01/2001

Policy: All services provided by PHP contracted provider agencies for Clark County PHP covered beneficiaries must be authorized for payment approval, data monitoring and outcomes needed by the PHP and the State. The provider agency designee or assigned clinician makes their own determination regarding medical necessity and the need to treat the client if clinically necessary based on their clinical judgment. The provider then requests authorization for payment from the RSN. The RSN Care Manager, based on the required IS documentation and clinical discussion with the provider, will approve, deny or modify with the provider the services to be authorized for payment.

Reference: Intake and Assessment, Community Mental Health Services - Authorization, Acute Referral, Community Mental Health Services Appeal of Denial and RSN Guidelines for Level of Care Decisions Policies and Procedures, WAC 388-865, Revised Code of Washington (RCW), and any other applicable statutes or codes.

General Requirements:

1. In order for service data to be considered for performance reporting the service data needs to be associated with an approved authorization.
2. By enrolling a consumer in the PHP and obtaining an appropriate authorization, the provider is certifying that all three eligibility criteria are being met.
3. Agencies have ten (10) days from the end of the month of service to enter service data.
4. Duplication of consumer records within an agency is not allowed.
5. In order for a client to be enrolled in the PHP Information system the CORE DATA elements required by the Washington State Mental Health Division need to be entered in screens 1- 5 of the PHP data base.

Procedure:

Core Data Requirements

In order for a client to be enrolled in the PHP Information system, the CORE DATA elements required by the Washington State Mental Health Division need to be entered in screens 1- 5 of the PHP data base.

Admission or Start Date	Status
Annual gross Income	Authorization Start Date
Authorization End Date	Case Manager - name or ID#
Case Manager - Phone number	Consumer ID
County of Residence	Sexual Orientation
DSMIV Diagnosis – Axis I-IV	First and Last Name
Axis V GAF for Ages 18 and up	Social Security Number
Axis V CGAS for Ages 6-17	Exit Date
Axis V PIR-GAS for Ages 0-5	Exit Reason
CPT Code	State Program Code
DOB	Education
Employment Status	PIC Number
EPSDT Indicator	EPSDT Referral Date
Ethnicity	Report Unit ID
Gender	Priority Code
Grade Level	Hispanic Origin
Homeless Indicator	Impairment Kind
Income Source	Number in household
Language Code	Race
Living Situation	Level of Functioning
Marital Status	Living Arrangement Code

1. AUTHORIZATION REQUIREMENTS:

There are nine authorization types for adults:

- a) **Outpatient** - reviewed for authorization at 180 day intervals
- b) **Residential** - reviewed for authorization at 180 day intervals
- c) **Monitoring** - reviewed for authorization at 365 day intervals
- d) **PACT** – reviewed for authorization at 180 day intervals
- e) **HAS** – CRMHS Only, 14 day duration
- f) **HAS Level II** – CRMHS Only 14 day duration

- g) **DMIO** – (outpatient service authorization for dangerously mentally ill offenders Only)
- h) **Inpatient** – (Hospital Liaison Services only)
- i) **Supported Education/Employment** – (Limited to the Supported Education and Supported Employment service modalities provided to consumers who receive outpatient services at a different agency)

- a) The **Outpatient** authorization service type is designed:
 - i) To require a full intake.
 - ii) Authorization can be requested every 180 days
 - iii) All five diagnosis required, (if not possible, note reason)
 - iv) Functional criteria data screen must be completed at Intake, each 180 review, and termination.
 - v) Can be authorized concurrently with a Residential authorization type.
 - vi) All modalities except residential can be utilized.

- b) The **Residential** authorization service type is designed:
 - i) To require a full intake.
 - ii) Authorization can be requested every 180 days
 - iii) All five diagnosis required, (if not possible, note reason)
 - iv) Functional criteria data screen must be completed at Intake, each 180 review, and termination.
 - v) Can be authorized concurrently with Outpatient authorization types.
 - vi) Is limited to the RESIDENTIAL modality.

- c) The **Monitoring** authorization:
 - i) Full intake required or reference of Western State Hospital or other facility (copy in chart)
 - ii) Annual authorization
 - iii) Indicate status in authorization notes - Western State, MMO, or other facility, etc.
 - iv) Annual LOF or reference of (Western State Hospital, MMO or other facility)
 - v) Annual review of treatment plan
 - vi) Can not use Residential modality
 - vii) Can not be authorized concurrently with any other authorization type.

- d) The **PACT** authorization:
 - i) This is an authorization to be used for consumers who are in the PHP contracted PACT program.
 - ii) Requires a full intake or reference to an intake.
 - iii) All five diagnoses required, (if not possible, note reason). Functional criteria data screen must be completed at Intake, each 180 review, and termination.
 - iv) Please note that these requirements may be waived if a consumer is enrolled in an Agency to participate in a specialty program only.
 - v) Can be authorized every 180 days
 - vi) All modalities except residential can be utilized.

- f) The **HAS** and **HAS Level II** authorizations:
 - i) This is an authorization to be used for consumers who are in the PHP contracted HAS program.
 - ii) Requires a full intake or reference to an intake.
 - iii) All five diagnoses required, (if not possible, note reason). Functional criteria data screen must be completed at Intake, each 180 review, and termination.
 - iv) Can be authorized every 14 days.
 - v) All modalities except residential can be utilized.

- g) The **DMIO** authorization service type is designed:
 - i) To require a full intake.
 - ii) Authorization can be requested every 180 days
 - iii) All five diagnosis required, (if not possible, note reason)
 - iv) Functional criteria data screen must be completed at Intake, each 180 review, and termination.
 - v) Can be authorized concurrently with a Residential authorization type.
 - vi) All modalities except residential can be utilized.

- j) The **InPatient** authorization type is designed to:
 - i) To require an axis I diagnosis.
 - ii) To require an axis V diagnosis.
 - iii) Authorization can be requested every 180 days
 - iv) Only the Hospital Liaison modality can be utilized.
 - v) Please note hospital in Authorization Request comments

There are 4 PHP authorization types for children:

- a) **Universal** (reviewed for authorization at 365 day intervals)
- b) **Targeted** (reviewed for authorization at 180 day intervals)
- c) **Intensive** (reviewed for authorization at 180 day intervals)
- d) **Crisis Stabilization** (reviewed for authorization at 180 day intervals)

There are 8 additional authorization types for children:

- a) **Star Project(Burnt Bridge Creek)** – Children’s Center Only (180 day duration)
- b) **Juvenile Justice** - Children’s Center Only (180 day duration)
- c) **Firgrove/Vista** – Columbia River Mental Health Only (180 day duration)
- d) **Deaf School** – Columbia River Mental Health Only (180 day duration)
- e) **Blind School** – Columbia River Mental Health Only (180 day duration)

- f) **BattleGround** – Columbia River Mental Health Only (180 day duration)
- g) **VSD Mobile Intervention Team** – Columbia River Mental Health Only (180 day duration)
- h) **Orchards Project(Evergreen)** – Columbia River Mental Health Only (180 day duration)

a) The **Universal** authorization:

- i) Requires a full intake
- ii) All five diagnoses required, (if not possible note reason)
- iii) Functional criteria data screen must be completed at Intake, each 180 review and termination.
- iv) All modalities except Crisis Stabilization can be used.
- v) Can be authorized for up to 365 days.

b) The **Targeted** authorization:

- i) Requires a full intake
- ii) All five diagnoses required, (if not possible note reason)
- iii) Functional criteria data screen must be completed at Intake, each 180 review and termination.
- iv) All modalities except Crisis Stabilization can be used.
- v) Can be authorized for up to 180 days.

c) The **Intensive** authorization:

- i) Requires a full intake
- ii) All five diagnoses required, (if not possible note reason)
- iii) Functional criteria data screen must be completed at Intake, each 180 review and termination.
- iv) All modalities except Crisis Stabilization can be used.
- v) Can be authorized for up to 180 days.

d) The **Children's Crisis Stabilization** authorization:

- i) Requires a full intake
- ii) All five diagnoses required, (if not possible note reason)
- iii) Functional criteria data screen must be completed at Intake, each 180 review and termination.
- iv) All modalities can be used.

2. Upon receipt of the authorization request, The RSN Care Managers will review the authorization for appropriate level of service and current level of functioning requirements. Agencies will be notified by telephone or fax if there is a problem or question regarding the authorization request. All requests will be reviewed and acted upon within 24 hours of receipt.

3. After the authorization request has been reviewed, and any questions or concerns have been responded to, the disposition of the authorization request is entered into the authorization screen on the PHP management information system and transmitted to the agency the next day. Provider agencies may review the authorization on their system or call RSN Care Managers if they have questions.
4. **Additional Authorization Types** – These authorizations have been added so that provider agencies can submit data for services provided under contracts that are either carved out of the main PHP contracts or are funded by Proviso dollars. These authorizations will be automatically approved if there are no other current, open authorizations and the following data required by the Mental Health Division is submitted:
 - a) Core data set
 - b) Axis I
 - c) Axis V
 - d) Impairment Kind
 - e) Priority
 - f) All modalities can be used

Approved by: _____ Date: _____
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